

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4717AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/11/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>DESERT WILLOW RESIDENTIAL CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9190 WEST ROCHELLE AVE</b> <b>LAS VEGAS, NV 89147</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a complaint investigation conducted on your facility 8/27/09 through 12/11/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C.</p> <p>Complaint #NV00022884 was substantiated. See Tag Y9999</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p>	Y 105		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1  This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 8/31/09, the facility failed to ensure 3 of 4 employees met background check requirements (Employee #1, #2 and #4). The facility failed to provide evidence of state or FBI background checks for Employee #1; criminal history statement, state and FBI checks for Employee #2; criminal history statement, fingerprints, state and FBI checks for Employee #4.  Severity: 2 Scope: 3	Y 105		
Y 173 SS=C	449.209(3) Health and Sanitation-Inside garbage  NAC 449.209 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 8/31/09 the facility failed to ensure the 2 of 3 garbage containers located in the kitchen were covered and 1 of 1 garbage containers in the laundry room were covered.  Severity: 1 Scope: 3	Y 173		

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Y 620 SS=F	<p>449.2702(4)(a) Admission Policy</p> <p>NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 8/31/09, the facility failed to discharge 3 of 4 residents (Resident # 1, #2 and #4) who were bedfast. The surveyor interviewed Employee #1 and the hospice nurse and both individuals confirmed that three residents in the facility were bedfast.</p> <p>Severity: 2 Scope: 3</p>	Y 620		
Y 698 SS=D	<p>Residents Requiring use of Oxygen-Storage</p> <p>2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 28276</p> <p>Based on observation on 8/31/09, the facility failed to secure oxygen tanks in a rack or to the</p>	Y 698		

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Y 698	Continued From page 3  wall in the front hall closet. Six oxygen tanks were in a rack and four oxygen tanks were unsecured in the closet.  Severity: 2 Scope: 1	Y 698			
Y 743 SS=F	449.272(2) Indwelling Catheters  NAC 449.272 2. The caregivers employed by a residential facility with a resident who requires the use of an indwelling catheter shall ensure that: (a) The bag and tubing of the catheter are changed by: (1) The resident, with or without the assistance of a caregiver. (2) A medical professional who has been trained to provide that care. (b) Waste from the use of the catheter is disposed of properly. (c) Privacy is afforded to the resident while care is being provided; and (d) The bag of the catheter is emptied by a caregiver who has received instruction in the handling of such waste and the signs and symptoms of urinary tract infections and dehydration.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 8/31/09, the facility failed to ensure the caregivers of 1 of 1 residents (Resident #1) who had an indwelling	Y 743			

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Y 743	Continued From page 4  catheter complied with NAC 449.272. The surveyor interviewed Employee #1 and Employee #3, they stated they emptied the catheter bag. They stated they did not know the signs and symptoms of a urinary tract infection and had not received any training regarding a catheter.  Severity: 2    Scope: 3	Y 743		
Y 885 SS=E	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.          This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 8/31/09, the facility failed to destroy medications for 1 of 4 residents (Resident #2) after they had been discontinued. A hospice note dated 8/30/09 from Creekside Hospice noted stop all medications with the exception of Roxanol.  Severity: 2    Scope: 2	Y 885		

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